

Name
in
Full

Francis Anderson

CERTIFICATE OF DEATH

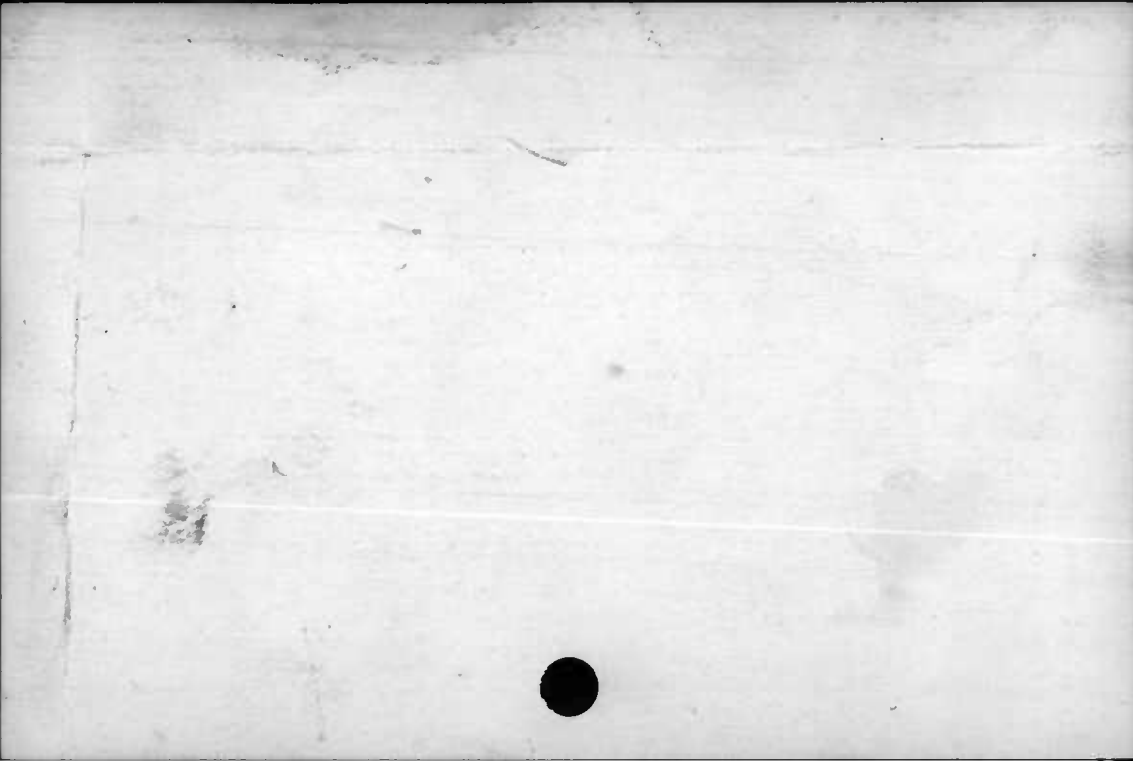
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ocean City</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	1905	Month	July	Day	14
Age		77		Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Ship-Builder</i>		Birth-place	<i>Fruitland, Md.</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Widower</i>		Name of Wife or Husband	<i>Sophia Anderson</i>	
Father's Name	<i>—</i>		Father's Birthplace	<i>—</i>	
Mother's Maiden Name	<i>—</i>		Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>Lucy A. Lee</i>			How related to deceased	<i>daughter</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Failure</i>	How long	<i>119</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>J. B. Baggett M.D.</i>	
		Address	
		<i>Ocean City Md.</i>	
Accident or Suicide?			



Name
in
Full

Robert E Becketts

CERTIFICATE OF DEATH

Died at ^{Town} Stockton ^{County} Worcester MARYLANDDate of death 190 ^{Month} July ^{Day} 18 Age ^{Years} 7 ^{Months} 7 ^{Days} 12Sex Male Color or Race Black Birth-place mdSingle OccupationWifeFather's Name Thos Becketts Father's Birthplace mdMother's Maiden Name Blanche Mills Mother's Birthplace mdName of person giving information Dolph True How related to deceased nephew

CAUSES OF DEATH

Primary Heart-failure 179 How long 4 or 5 daysImmediate Heart-failure How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. W. HarrisonAddress StocktonAccident or Suicide? mdTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Wm. Beveridge*

Town

County

Died at *Snow Hill*

Date

Month

Day

Years

Months

Days

of death *1905 July*Age *74*

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

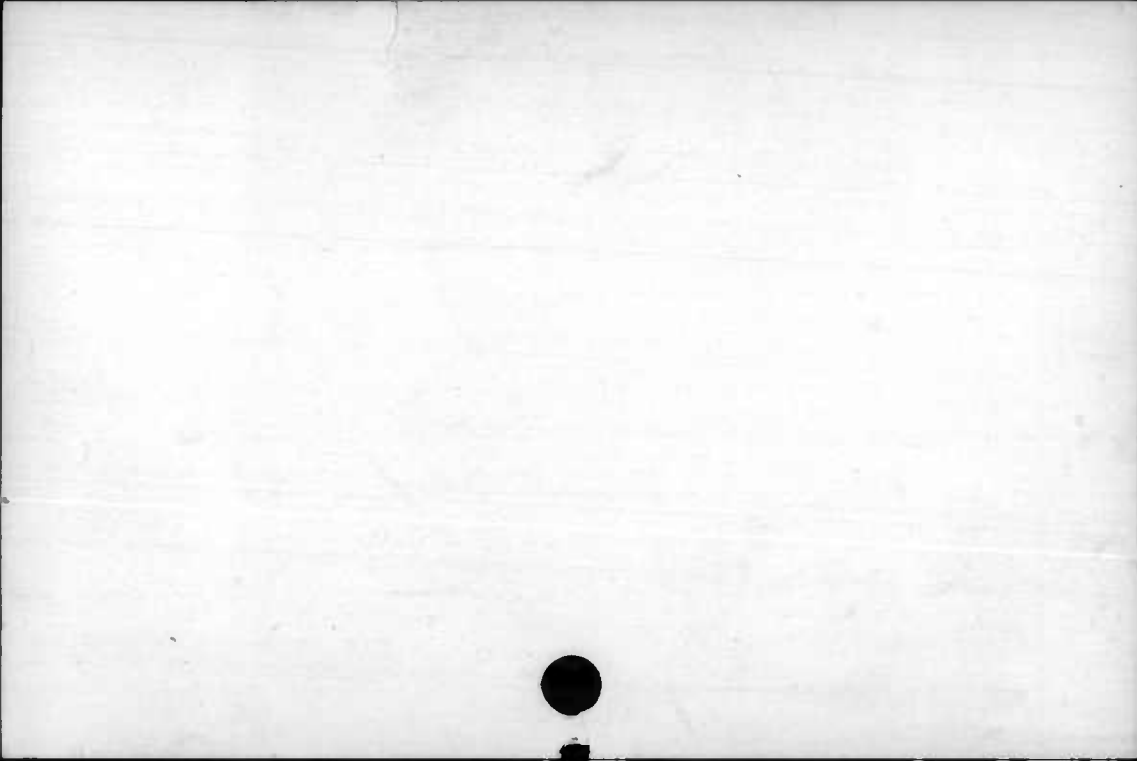
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Herman Collins

CERTIFICATE OF DEATH

Died at ^{Town} Stockton^{County} Morreesen

MARYLAND

Date
of death 1905

Month

7

Day

11

Years

14

Age

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Md

~~Married~~ Single
~~Widow~~

Occupation

Laborer

~~Name of Wife or
Husband~~Father's
Name

Jake Collins

Father's
Birthplace

Md

Mother's
Maiden Name

Anne Wise

Mother's
Birthplace

Md

Name of person giving
In formation

Ambrose Rowley

How related
to deceased

Nephew

CAUSES OF DEATH

Primary

Typhoid Fever

How long

2 weeks

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

J. H. Dickinson

Address

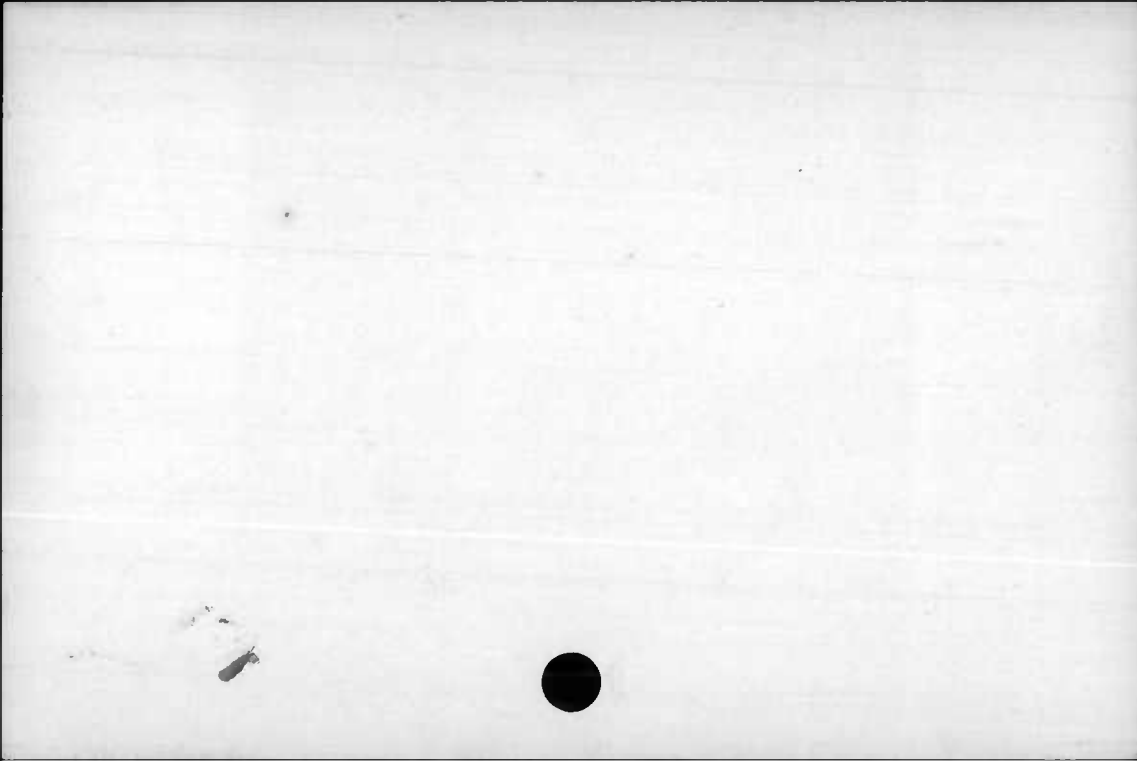
Stockton

Accident or Suicide?

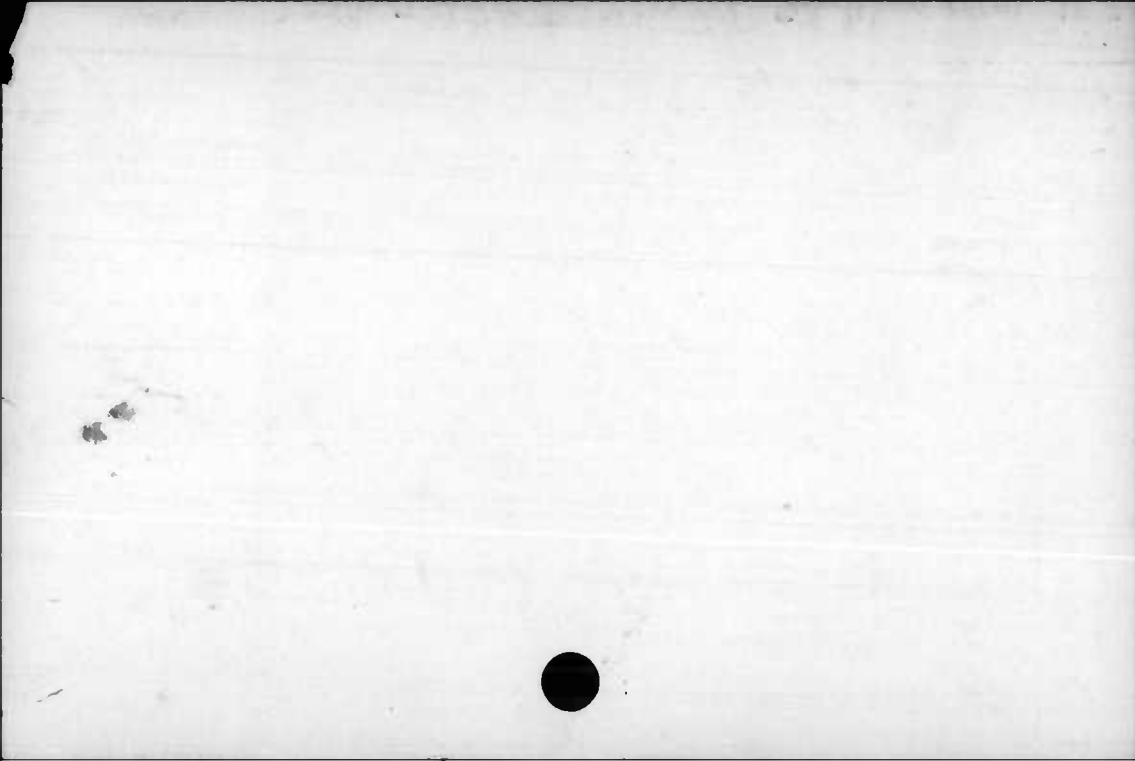
Md

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

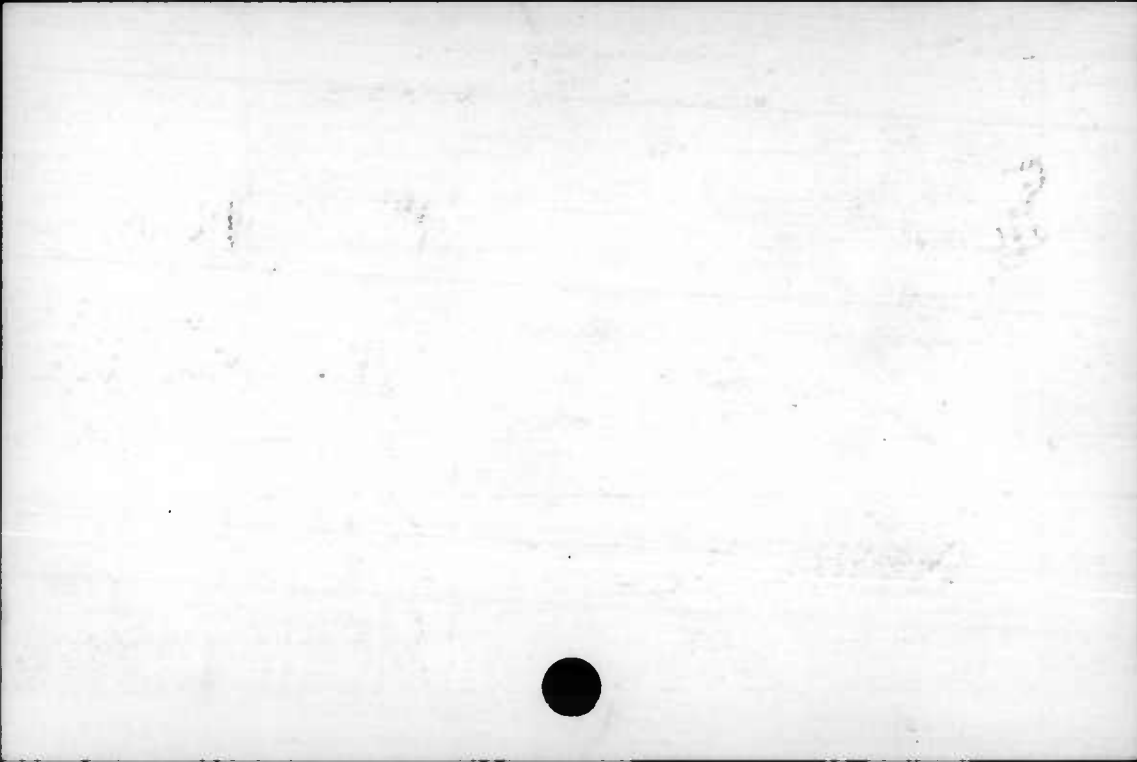
9



Name in Full William W. Collins		CERTIFICATE OF DEATH	
Died at near Stockton ^{Town}		Norcross ^{County}	
Date of death 1905 ^{Month} July ^{Day} 4 ^{Years} 2 ^{Months} 2 ^{Days}		MARYLAND	
Sex male Color or Race white Birth-place md			
Single Occupation			
Name of wife or husband			
Father's Name Charles S. Collins		Father's Birthplace md	
Mother's Maiden Name Annada M. Collins		Mother's Birthplace	
Name of person giving information Charles S. Collins		How related to deceased father	
CAUSES OF DEATH			
Primary		How long	
Immediate Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. W. Henderson	
		Address Stockton	
Accident or Suicide?		md	



Name in Full		Certificate of Death			
Barrie Boston		Town Pocumtuck		County Worcester	
Died at		Pocumtuck		Worcester	
Date of death		Month	Day	Years	Months
1905- July			14	Age 37	
Sex female		Color or Race color		Birth-place Pocumtuck	
Occupation Domestic		Where Residing if not at place of death		at place of death	
Married, Single or Widowed widow		Name of Wife or Husband			
Father's Name Henry Hayward		Father's Birthplace Pocumtuck			
Mother's Maiden Name Lobetha Hayward		Mother's Birthplace Virginia			
Name of person giving information Geo Hayward		How related to deceased Brother			
CAUSES OF DEATH					
Primary		Lymphatic Fever		How long	
Immediate		Lymphatic Fever		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician D. J. O'Tuama		Address Pocumtuck	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

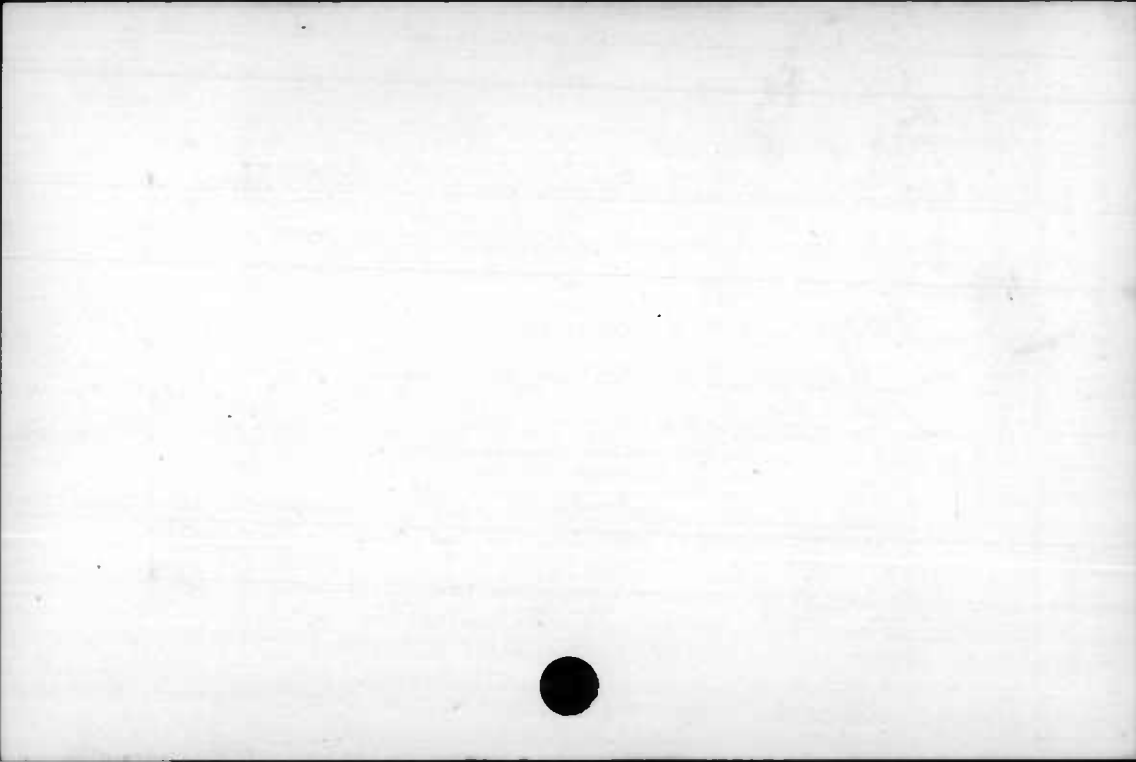
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death 1906		Month <i>7</i>	Day <i>10</i>	Age <i>70</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>Bel</i>		Birth-place <i>Sud</i>				
Occupation <i>Cook</i>			Where Residing If not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Elijah Council</i>		Father's Birthplace <i>Sud</i>					
Mother's Maiden Name <i>Redmont - "</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Edward Apris</i>		How related to deceased <i>Widow</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of Liver</i>	How long <i> sometime</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. P. Henry</i>
	Address <i>Berlin</i>
Accident or Suicide?	<i>End</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Philly & Lickerson

Died at *Nease* Town *Leigh Smith* County *Worcester* MARYLAND

Date of death *1905* Month *July* Day *4* Age *34* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation _____ Where Residing if not at place of death _____

Married, ~~Single~~ or Widowed Name of Wife or Husband _____

Father's Name *John Pointer* Father's Birthplace *Maryland*

Mother's Maiden Name *Dorothy Pointer* Mother's Birthplace *Maryland*

Name of person giving information *Louise Mary* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Consumption* How long *4 months*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *H. G. Ellis* Address *Worcester Ma*

Accident or Suicide? ☐

La R. P. Collins

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at *Plymouth* ^{Town} *Worcester* ^{County}

Date of death 1905	Month July	Day 5	Years Age 19	Months	Days
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Sex	Female	Color or Race	colored	Birth-place	Waco, Tex. Cal.
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Occupation	Where Residing if not at place of death
<i>Domestic</i>	

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Wilson

Father's Birthplace *Worcester*

Mother's
Maiden Name Leah Taylor

Mother's Birthplace *Accomack*

Name of person giving information *Indwathi*

How related to deceased *Instant*

CAUSES OF DEATH

Primary *Phthisis Pulmonalis*

How long a year

Immediate Exhaustion

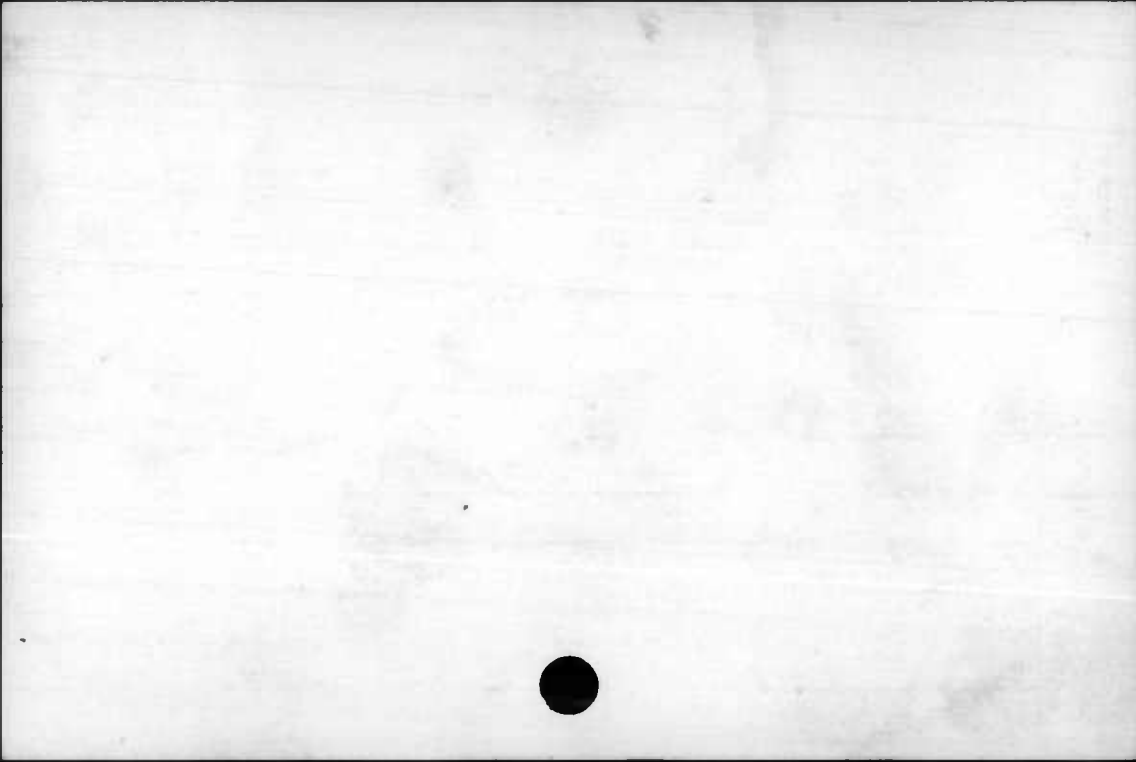
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Matilda Duffy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Snow Hill ^{Town} Worcester ^{County} MARYLAND

Date of death 1905 ^{Month} July ^{Day} 10 ^{Years} 56 ^{Months} 10 ^{Days} 24

Sex female Color or Race white Birth-place Ind

Occupation none Where Residing if not at place of death Snow Hill

Married, Single or Widowed married Name of Wife or Husband Madam Duffy

Father's Name L. Richardson Father's Birthplace r

Mother's Maiden Name Scarborough Mother's Birthplace r

Name of person giving information Madam Duffy How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Tuberculosis ☒ How long 27

Immediate 27 How long 27

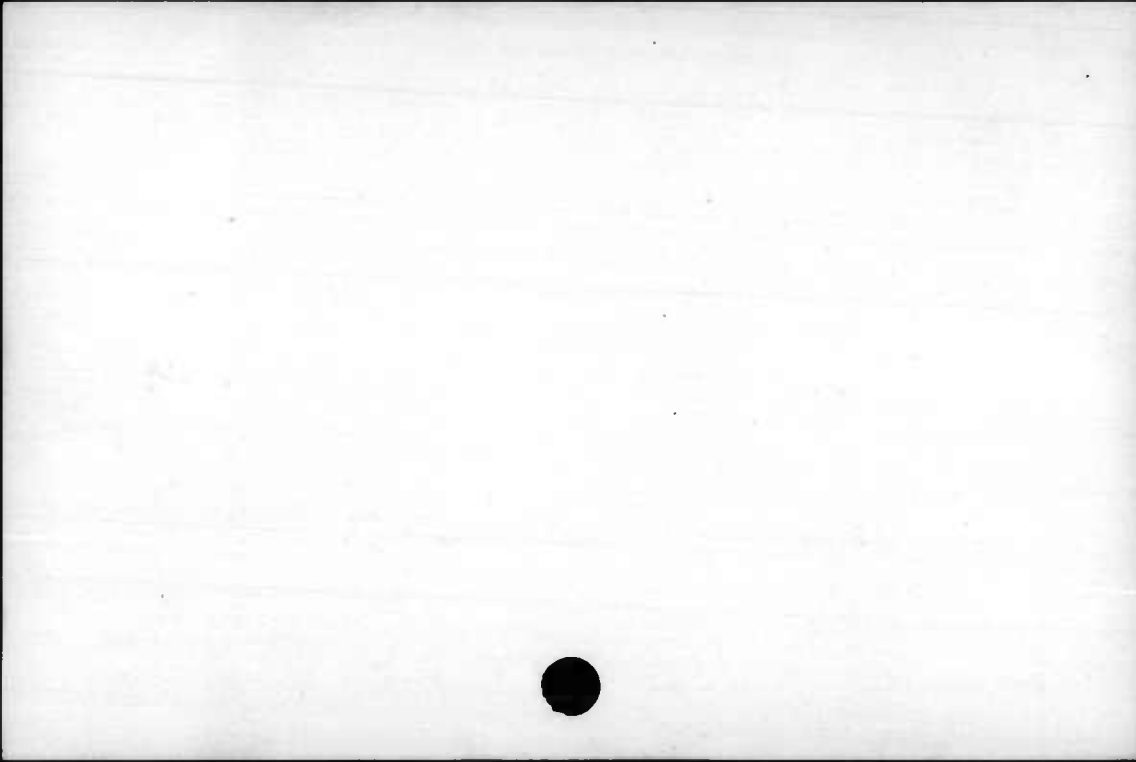
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

W D Hoang M.
Snow Hill. Ind.

Accident or Suicide? ✓



Name in Full

Certificate of Death

Died at

Date 19

Town *Giddletown*County *Forcaster*

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

05- 7 1

Age

924

Ind

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

*E. R. Dukes**Sarah Jones*

Cause of

Primary

Enteritis

How long sick

Death

Immediate

Convulsions

Accident, Suicide, Homicide

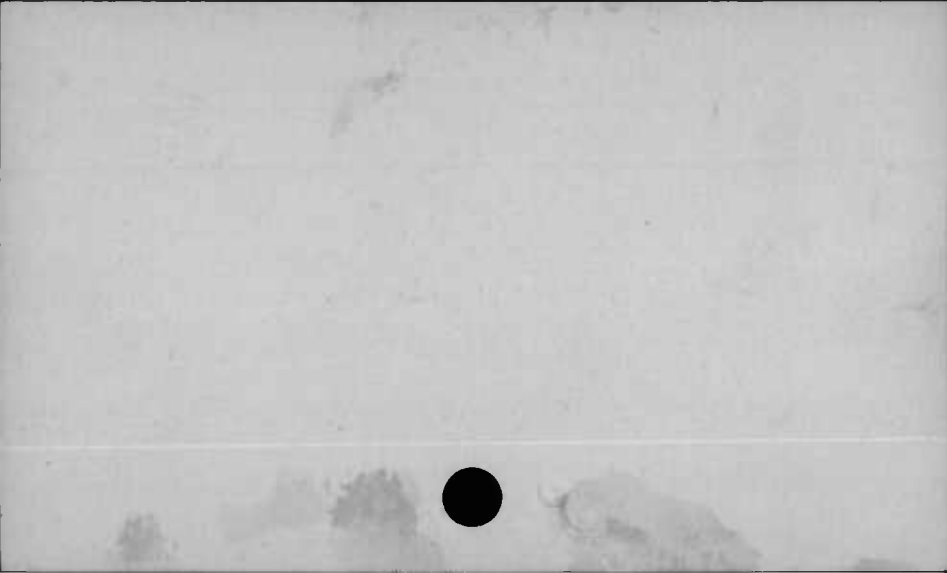
Reported by

Address

*Chas. B. Bunn, M.D.**Giddletown Forcaster, CO*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998



Name
in
Full

Norman Franklin

CERTIFICATE OF DEATH

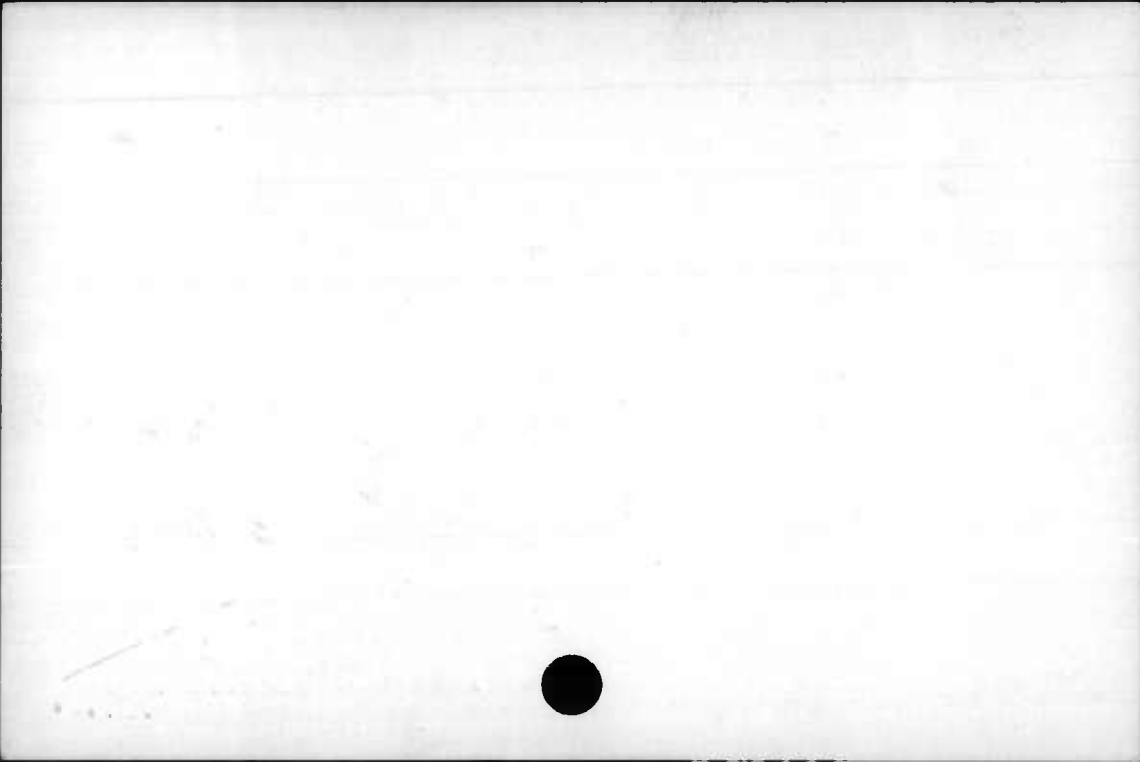
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pocomoke</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death <u>1905</u>	<u>July</u> ^{Month}	<u>20</u> ^{Day}	<u>5</u> ^{Years}	<u>5</u> ^{Months}	<u></u> ^{Days}
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>Near Pocomoke Md</u>		
Occupation <u>Infant</u>	Where Residing if not at place of death				
Married, Single or <u>Single</u>		Name of Wife or Husband			
Father's Name <u>George Franklin</u>			Father's Birthplace <u>Pocomoke Md</u>		
Mother's Maiden Name <u>Ellen Hayward</u>			Mother's Birthplace <u>Pocomoke Md</u>		
Name of person giving Information <u>Harriet Coston</u>			How related to deceased <u>Grand Aunt</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diarrhoea</u>	How long <u>3 months</u>
Immediate <u>Transition</u>	How long <u>2 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H J Coston</u>
	Address <u>Pocomoke Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

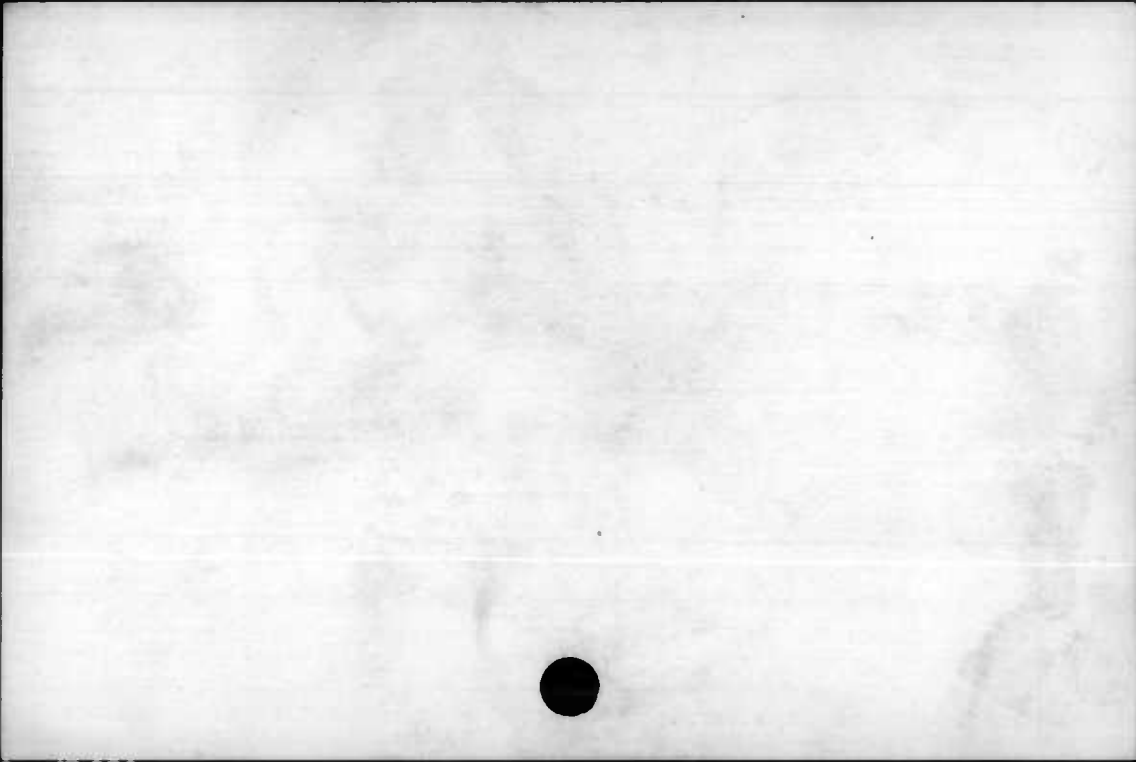
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		July	17	Age 25			
Sex	Male	Color or Race	colored	Birth-place	Worcester Co		
Occupation	Laborer			Where Residing if not at place of death	near Pocomoke		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Isaac Gullett				Father's Birthplace	Worcester Co	
Mother's Maiden Name	Charlotte Williams				Mother's Birthplace	12	
Name of person giving information	Edward Gullett				How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis	How long	six months
Immediate	dont know	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Samuel L. Quinn
		Address	Pocomoke City, Md
Accident or Suicide?			



Name
in
Full

Thomas Linney Hall

CERTIFICATE OF DEATH

Died at ^{Town} Pocomoke City^{County} Worcester

MARYLAND

Date of death 1905 July

Day 30

Age

Months 8

Days

Sex Male

Color or Race White

Birth-place Pocomoke

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Spencer Douglas Hall

Father's Birthplace Accomac Co Va

Mother's Maiden Name Eliza Jane Duncan

Mother's Birthplace Accomac Co Va

Name of person giving information Spencer D. Hall

How related to deceased Father

CAUSES OF DEATH

Primary

Macassarina 105

How long Two months

Immediate

Ileus Coctis

How long Six days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

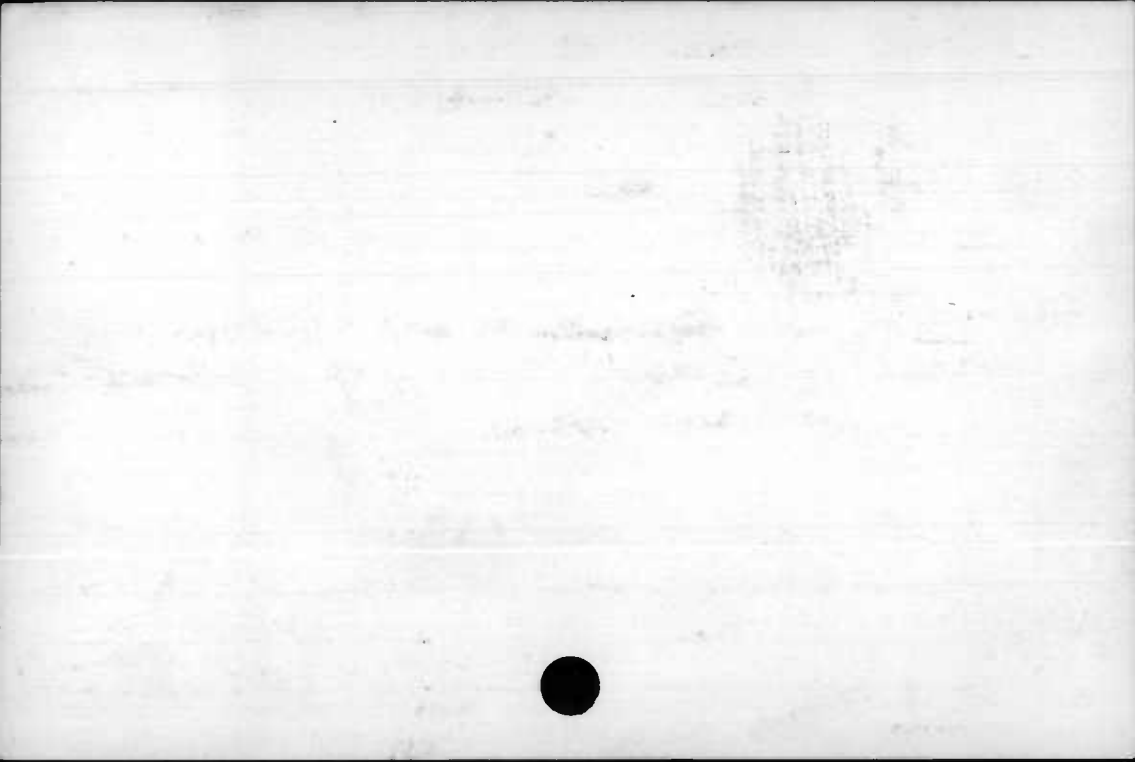
Phoebe Hall

Address

Pocomoke City Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Annie Handy Hargis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

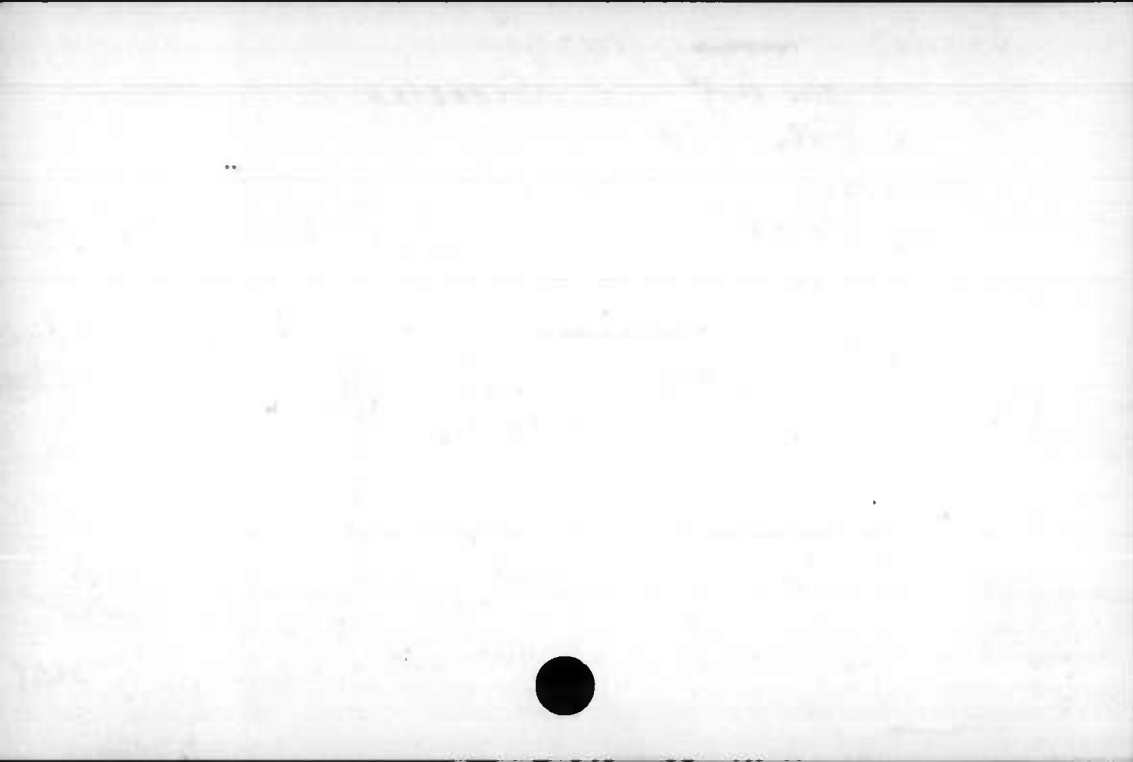
Died at <i>Pocomoke City</i>		Town <i>Worcester</i>		County	
Date of death <i>1905 July 10</i>		Month <i>July</i>		Day <i>10</i>	
Age <i>14</i>		Years		Months	
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Pocomoke City Md</i>			
Occupation <i>House Labor</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>William Handy Handy</i>	Father's Birthplace <i>Worcester Co Md</i>				
Mother's Maiden Name <i>Mary H Long</i>	Mother's Birthplace <i>Pocomoke City Md</i>				
Name of person giving Information <i>Marion Hargis</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Inflammation of vagina + Bladder</i>	How long <i>2 months</i>
Immediate <i>Peritonitis + Typhoid condition</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J T Coates</i>
	Address <i>Pocomoke City Md</i>

As *signed* by?



Name
in
Full

CERTIFICATE OF DEATH

James Edward Howard
Died at ^{Town} Pocomoke City, Md ^{County} Worcester

MARYLAND

Date of death 1905 July 12 Age 0 Months 0 Days 13

Sex Male Color or Race White Birth-place Pocomoke City, Md

Occupation - Where Residing if not at place of death -

Married, Single or Widowed - Name of Wife or Husband -

Father's Name Harry C Howard Father's Birthplace Worcester Co Md

Mother's Maiden Name Edna Bates Allen Mother's Birthplace Worcester Co Va

Name of person giving information Harry C. Howard How related to deceased Father

CAUSES OF DEATH

Primary Imperfect development of heart How long 13 days

Immediate " " How long

Are the name, age, sex, color, date and place correctly given above? Signature of Physician P. Lee Hall

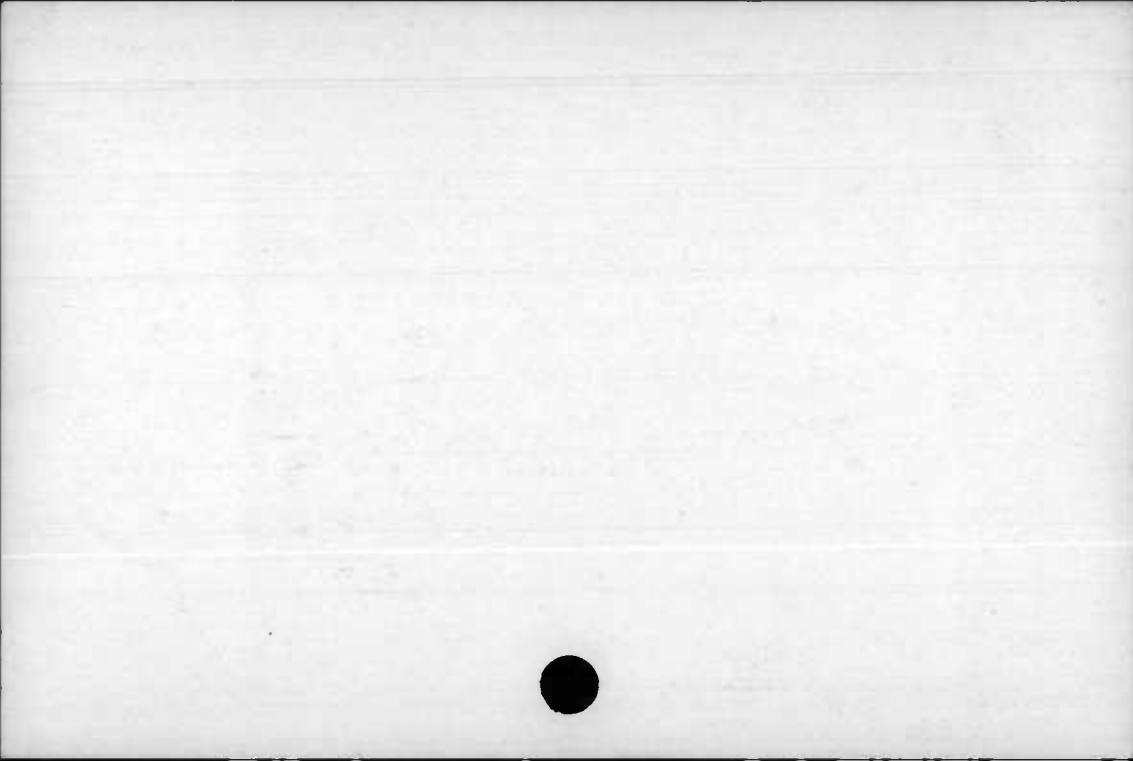
Address Pocomoke City, Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

2



Name
in
Full

CERTIFICATE OF DEATH

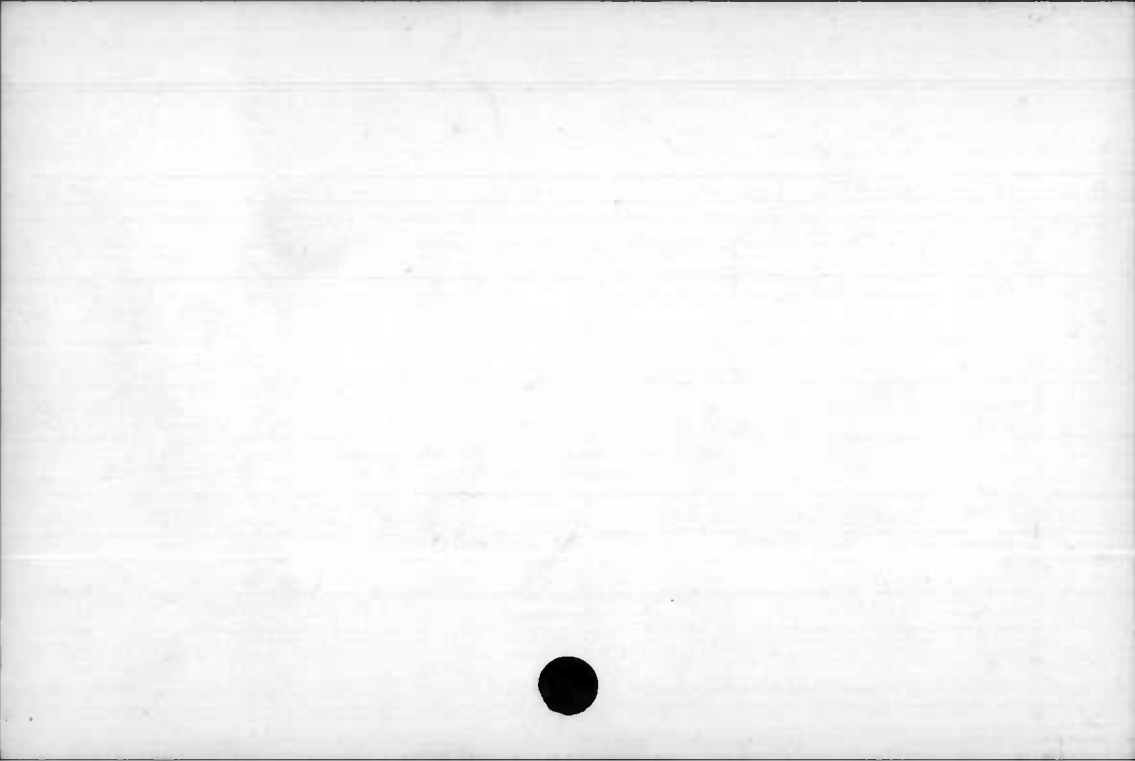
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	<u>1905</u> Month <u>July</u> Day <u>2</u>	Age	<u>67</u> Years	<u>8</u> Months	<u>6</u> Days
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>md</u>
Occupation	<u>none</u>	Where Residing if not at place of death <u>Snow Hill</u>			
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband _____			
Father's Name	<u>Benjamin Hudson</u>			Father's Birthplace	<u>✓</u>
Mother's Maiden Name	<u>Hudson</u>			Mother's Birthplace	<u>✓</u>
Name of person giving information	<u>Lusie Birch</u>			How related to deceased	<u>daughters</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Chronic Bright's</u>	How long	<u>20</u>
Immediate		How long	<u>-</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W.D. H. Aughran, M.D.</u>
		Address	<u>Snow Hill, Md.</u>
Accident or Suicide?	<u>✓</u>		



Name
in
Full

Ned Jarvis Child

CERTIFICATE OF DEATH

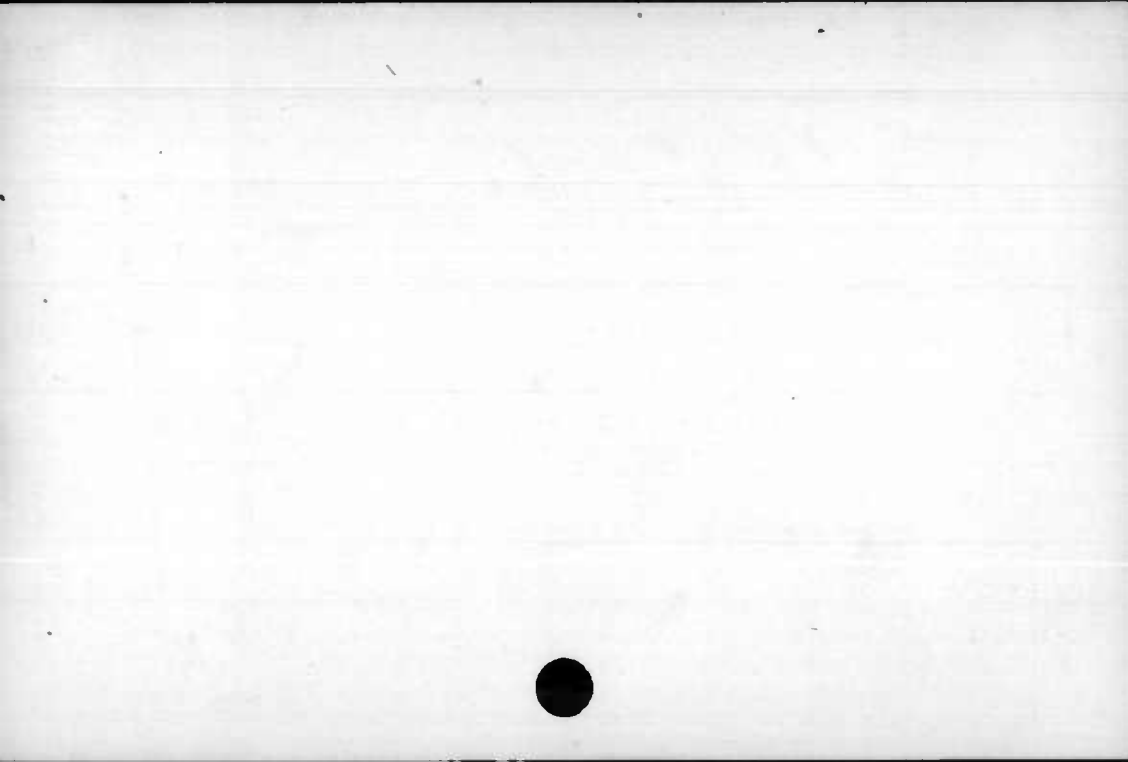
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		7	1	2			
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Wm. Baker</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		<i>Single</i>		Name of Wife or Husband			
Father's Name		<i>Ned Jarvis</i>				Father's Birthplace	
Mother's Maiden Name		<i>Fay Taylor</i>				Mother's Birthplace	
Name of person giving information		<i>William Jarvis</i>				How related to deceased	
						<i>Uncle</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Feeding</i>	How long	
Immediate	<i>Dysentery</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Ebe Holland</i>	
		Address	
		<i>Berlin</i>	
		<i>md</i>	
Accident or Suicide?			



Name in Full		Addaline Amanda Jones				CERTIFICATE OF DEATH	
Died at		Town Pocomond		County Worcester		MARYLAND	
Date of death		Month July	Day 24	Years Age 65	Months 8	Days	
Sex Female		Color or Race White		Birth-place Worcester Co. Md.			
Occupation Domestic		Where Residing if not at place of death					
Married, Single or Widowed Widow		Name of Wife or Husband -					
Father's Name Isaac Harris		Father's Birthplace Worcester Co. Md.					
Mother's Maiden Name Sallie Long		Mother's Birthplace					
Name of person giving information Marion Jones		How related to deceased Son					
CAUSES OF DEATH							
Primary Paralysis Agitans		How long 5 years					
Immediate General dropsy		How long 3 years					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. L. Hall		Address Pocomoke City, Md.			
Accident or Suicide?							

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Gertrude Landring

CERTIFICATE OF DEATH

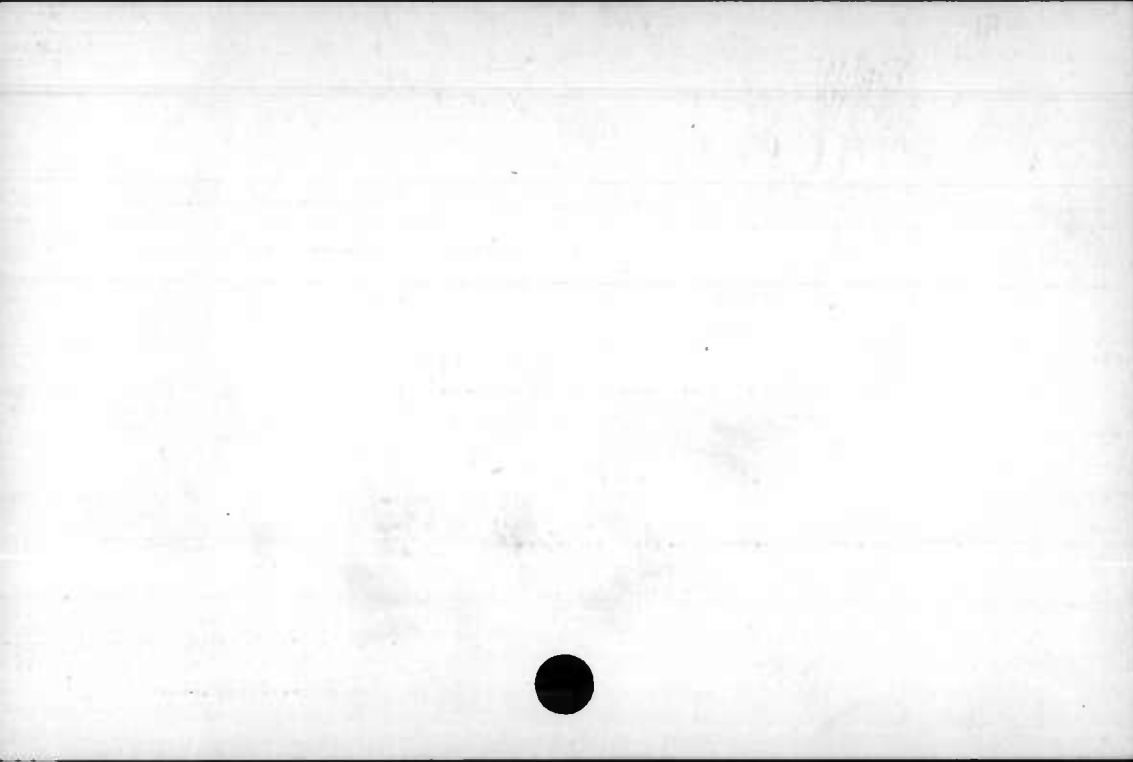
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Docomunk</u> <small>Town</small>		<u>Monmouth</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>7</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>7</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Pocomunk</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Edward Landring</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>Edna Mason</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving Information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Stomatitis & Throat</u>	How long <u>some days</u>
Immediate <u>Congestion of brain</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. M. Willis</u>
	Address <u>Pocomunk City</u>
	<u>Ind.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Phyllis J. A. McCreedy		Town		County		MARYLAND	
Died at		Paromok City		Worchester			
Date of death		1905	Month	July	Day	19th	Age
							76
Sex		Female		Color or Race		White	
Occupation		Domestic		Where Residing if not at place of death		Somerset Co	
Married, Single or Widowed		Widow		Name of Wife or Husband		Harry J. McCreedy	
Father's Name		— Connor		Father's Birthplace		Somerset Co	
Mother's Maiden Name		Dora Brown		Mother's Birthplace		" "	
Name of person giving information		Jas McCreedy		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Malaria with congestion of Liver	How long	2 weeks
Immediate	Break down of bowels	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Samuel J. Quinn	
Address		Paromok City, Mo	
Accident or Suicide?			



Name
in
Full

Mrs. W. Powell

7/23/XXI.

CERTIFICATE OF DEATH

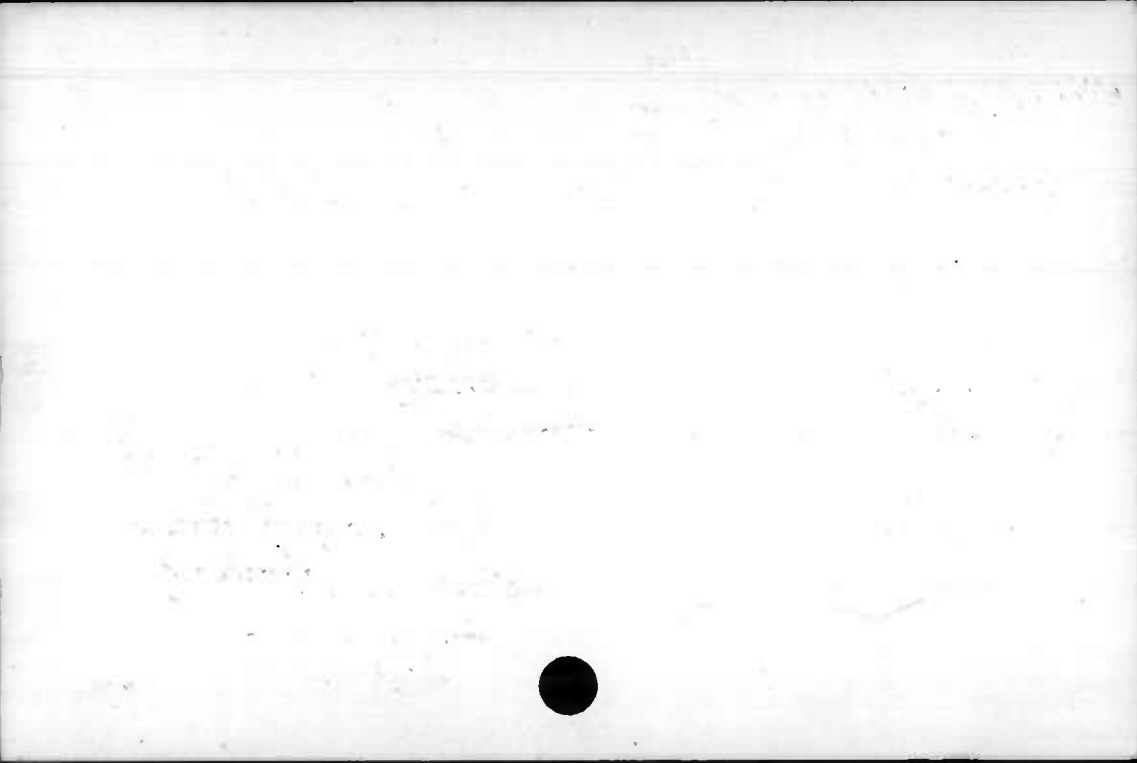
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Pocomoke		County Wicomico		MARYLAND	
Date of death	1905	Month 7	Day 12	Age 64	Years	Months	Days
Sex	male		Color or Race	white		Birth- place	Md.
Occupation	carpenter			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband Julia A. Powell				
Father's Name	Mrs W Powell					Father's Birthplace	Md
Mother's Maiden Name	Julia A. Hudson					Mother's Birthplace	Md.
Name of person giving Information	J. E. Powell					How related to deceased	son

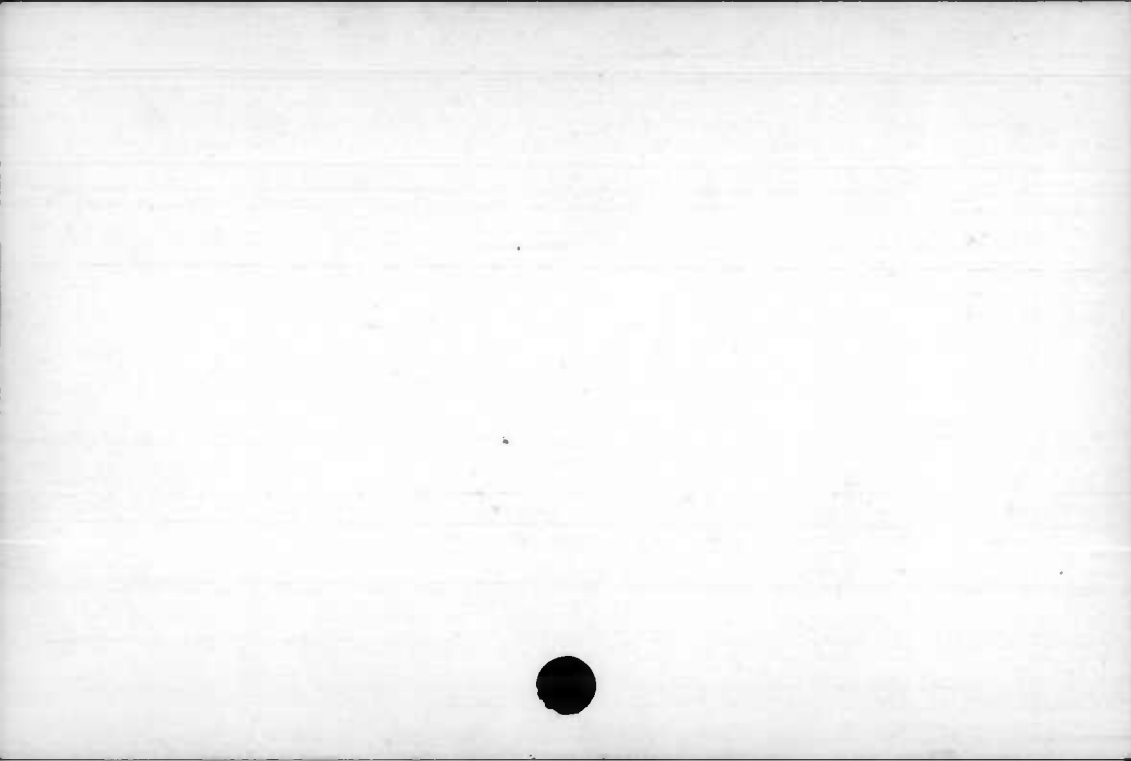
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	suicide -	How long	46 3/4
Immediate	Loss of blood	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. M. Willis	
		Address Pocomoke City Md	
Accident or Suicide?			



Name in Full		Town				County				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Snow Hill</i>				<i>Chesapeake</i>				MARYLAND			
		Date of death <i>1905</i>		Month <i>7</i>	Day <i>26</i>	Age <i>18</i>		Years <i>18</i>		Months <i>2</i>		Days <i>24</i>	
		Sex <i>Female</i>				Color <i>Black</i>				Birth-place <i>Snow Hill - Md.</i>			
		Occupation <i>None</i>				Where Residing if not at place of death <i>✓</i>							
		Married, Single <i>✓</i>				Name of Wife or Husband <i>✓</i>							
		Father's Name <i>Henry J. Parnell</i>				Father's Birthplace <i>Baltimore - Md.</i>							
		Mother's Maiden Name <i>Mary A. Tingle</i>				Mother's Birthplace <i>Baltimore - Md.</i>							
TO BE ANSWERED BY PHYSICIAN OR CORONER		Name of person giving information <i>Mary A. Parnell</i>				How related to deceased <i>Mother.</i>							
		CAUSES OF DEATH											
9		Primary				<i>✓</i>				How long			
		Immediate <i>Tuberculosis</i>								How long <i>2 yrs.</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>				Signature of Physician <i>W. D. Warington, M.D.</i>				Address <i>Snow Hill, Md.</i>			
		Accident or Suicide? <i>✓</i>											



Name
in
Full

CERTIFICATE OF DEATH

Handy Shockey
Town

County

MARYLAND

Died *Mar Snow Hill*

Worcester

Date of death *1905 July 20*

Day

Age *75*

Years

Months

Days

Sex *male*

Color or Race *white*

Birth-place *Ind*

Occupation *Farmer*

Where Residing if not at place of death

Married, Single or Widowed *Married*

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

CAUSES OF DEATH

Primary *Heart failure*

How long *Instantaneous*

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*L. C. Jones
Snow Hill*

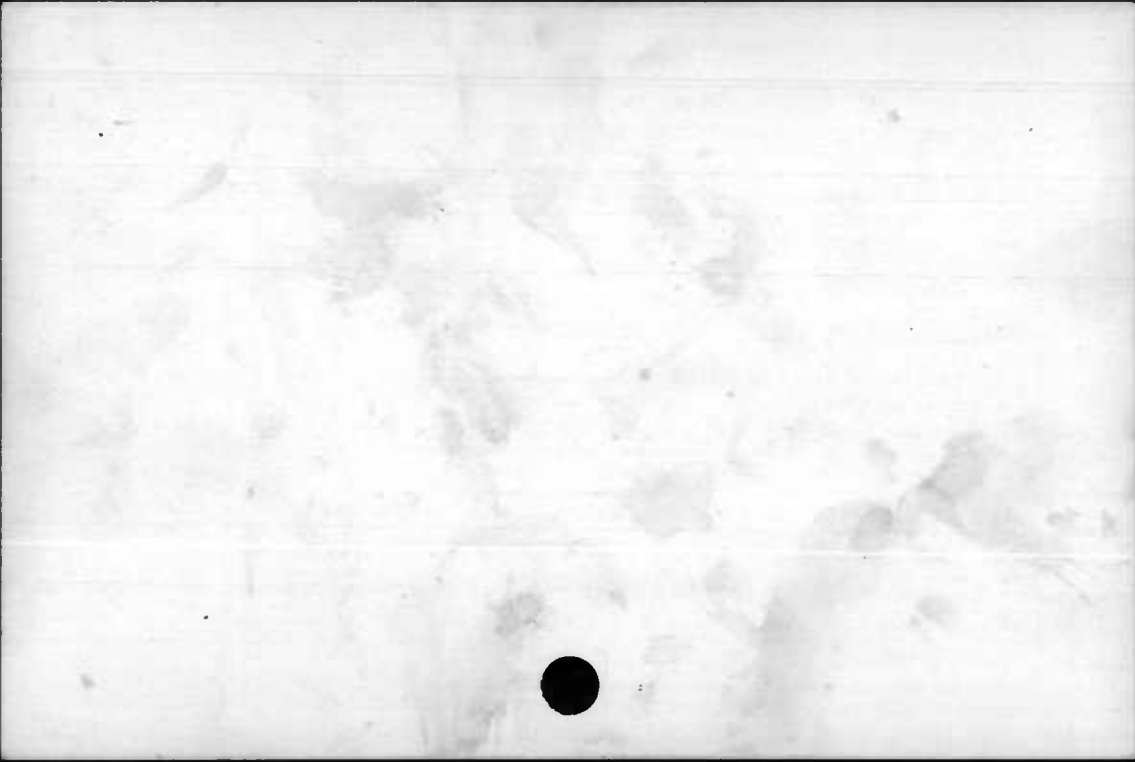
Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

2



Name
in
Full

Amos Franklin Trade

CERTIFICATE OF DEATH

Town

County

Died at

Pocomoke

Wicomico

MARYLAND

Date

of death 1905

Month

July

Day

3

Age

Years

Months

4

Days

24

Sex

male

Color or
Race

white

Birth-
place

Pocomoke, Md

Occupation

✓

Where Residing if not
at place of death

✓

Married, Single
or Widowed

✓

Name of Wife or
Husband

✓

Father's
Name

Amos P. Trade

Father's
Birthplace

Pa

Mother's
Maiden Name

Effie Richardson

Mother's
Birthplace

Md

Name of person giving
information

Amos P. Trade

How related
to deceased

Father

CAUSES OF DEATH

Primary

Shio colitis

How long

3 mths

Immediate

General exhaustion

How long

4 dys

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

J. Wilson

Address

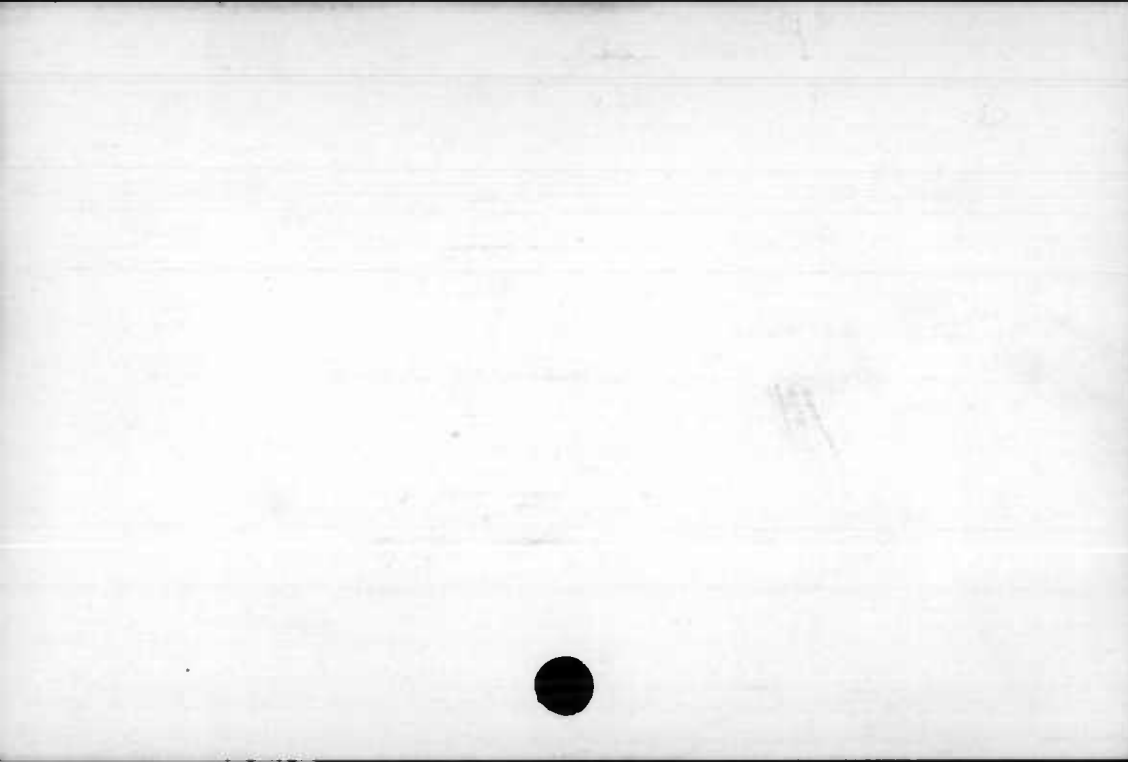
Pocomoke

Accident or Suicide?

✓

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Paul Ward

CERTIFICATE OF DEATH

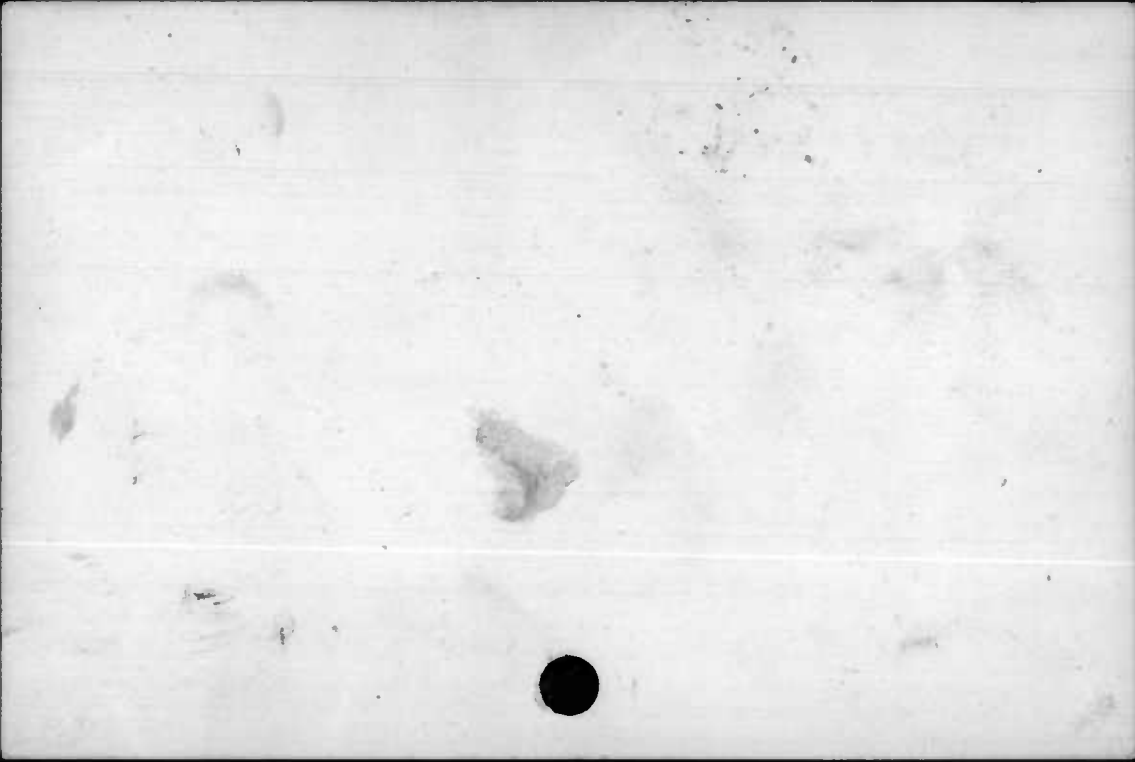
TO BE ANSWERED BY
NEAREST FRIEND

Died at near ^{Town} Snow Hill		^{County} Worcester		MARYLAND	
Date of death	1905	Month	July	Day	4
Sex		male		Age	1
Color or Race		white		Birth-place	Ind
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		John Ward		Father's Birthplace	
Mother's Maiden Name		Elda Rydelotts		Mother's Birthplace	
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name in Full

Certificate of Death

Watson

Town

County

MARYLAND

Died at

Boy, Ga.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

05

July 10

Age

Ind

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Peter C. Watson

Mother's

Maiden Name

Annie Powell

Cause of

Primary

Fall on Head.

How long sick

One Week

Death

Immediate

Meningitis

Accident, Suicide, Homicide

Reported by

C. H. Beaman Jr. D.

Address

Guthrie Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1905</i>	<i>July</i> <small>Month</small>	<i>3</i> <small>Day</small>	Age <i>6</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>3</i> <small>Days</small>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Pocomoke</i>		
Occupation <i>✓</i>	Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>✓</i>	Name of Wife or Husband <i>✓</i>				
Father's Name <i>Levin J. Webb</i>	Father's Birthplace <i>Md</i>				
Mother's Maiden Name <i>Marquise M. Cursey</i>	Mother's Birthplace <i>Md</i>				
Name of person giving information <i>Levin J. Webb.</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Shig colitis</i>	How long <i>6 weeks</i>
Immediate <i>General exhaustion</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>J. M. Wilson</i>
	Address <i>Pocomoke, Md.</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Mrs Ella Whaley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whaleyville</i> <small>Town</small>		<i>Worashi</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i>	<i>7</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>65</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Del.</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>James Whaley</i>				
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>J. H. Storton</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>50</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Physician <i>D. J. Jindall</i>
	Address <i>Whaleyville</i>
Accident or Suicide? <i>—</i>	<i>Said</i>

